## Po Leung Kuk Social Services Department (Kinder Section)

## Application form for "Kid's Funny World" Temporary Child Care Service

Name of Child: (English	າ)	(Chinese)		_ Sex :
Date of Birth:	No. of	Birth Certificate / o	ther I.D. No.:	
Name of Parents/ Guard	dian:	I.D. No.:_		
Address :				
Contact no. : (Home) _		(Office)	(Mobile)	
Name of Trustee :	I.D	). No. :		
Relationship:*  * (To be filled up by trus		et no. :		
In case of emergency, p 1Name: 2 Name:	Relationship	):		
Will be picked up by : 1 Name:				
2 Name :				
Health Record of the Ch	nild (please stat	te, if any special he	alth problems. Fo	or example,G6PD):
I consent to the feeding	of medication I	oy Kuk's staff.		
Date of Service :		Time:From _	to	
Name of Parents/ Guard	dian/ Trustee:	Signature :	Date	:
Name of Staff:		Signature :	Date :	:
Where did you know about us:				
☐Leaflet ☐Posters ☐Kuk's W	'ebsite	lfare Department ☐Frier	nds  Others:	

(Nov 2013)

For enquiry, please contact 2277-8327 during office hour